



Office of Public Instruction  
Nancy Keenan, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

# MONTANA

## General Educational Development (GED) Testing Program

### TRANSCRIPT RELEASE FORM

Please send an official transcript of my General Educational Development (GED) test scores to the person/institution listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check here if a replacement  
Montana High School Equivalency  
Certificate is also required:

☐ Yes ☐ No

Reason(s) for release request indicated below:

- ☐ Enrollment in educational program or institution
- ☐ Enlisting in U.S. Armed Forces
- ☐ For employment qualification
- ☐ Other (state specific need for release) \_\_\_\_\_

Provide the following information (*Please Print*):

_____ Name Under Which You Tested	_____ City Where Tested	_____ Year Tested
_____ Name Now (provide if different from above)	_____ Date of Birth	_____ Social Security #
_____ Present Mailing Address		
_____ City	_____ State	_____ Zip
_____ Signature	_____ Date	

Mail this *Transcript Release Form* to:

GED Program  
Office of Public Instruction  
PO Box 202501  
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